CLIENT/RESIDENT CASH SHEET (NOTE: Licensee is not required to use this form)				
NAME OF CLIENT/RES	SIDENT:		FACILITY LICENSE NO.:	
		SIGNATURE FOR CASH TRANSACTIONS		
YEAR	CASH AMOUNT	*FACILITY REPRESENTA	TIVE	**CLIENT/RESIDENT OR RESPONSIBLE PERSON
ENTER DATE BELOW				

^{*} Your signature signifies verification of the cash transactions.

^{**} Your signature indicates that you have received cash from or deposited the above amount of cash with the facility on the date(s) indicated.